



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION

| | |
|---|--|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name FOCUS FOR OFFICE | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number (765) 617-4113 |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 2942C SR 37 | |
| 5. City, State, ZIP Code B2WOOD IN 46036 | 6. Party Affiliation (if applicable) REPUBLICAN |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|--|
| 7. Full Name of Candidate (include any nickname) EDMUND EARL FOCUS | 8. Party Affiliation or If Independent Candidate REPUBLICAN |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) WHITE RIVER TOWNSHIP TRUSTEE | 10. County of Residence HAMILTON |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|---|---|
| 11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|---|---|

| | | |
|---|-------------------------|--------------------------|
| 12. Reporting Period: From: 1-1-14 Through: 4-11-14 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | -0- | |
| 14. Cash on hand and investments January 1, current year. | | -0- |

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

| | | |
|---|----------|-----|
| 15a. Itemized (use Schedule A) | -0- | -0- |
| 15b. Unitemized | -0- | -0- |
| 15c. Add lines 15a and 15b in both columns | SUBTOTAL | -0- |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL | -0- |

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

| | | |
|---|----------|-----|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | -0- | -0- |
| 17b. Unitemized | -0- | -0- |
| 17c. Add lines 17a and 17b in both columns | SUBTOTAL | -0- |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | -0- |
| 19. Debts OWED BY the committee (use Schedule D) | -0- | |
| 20. Debts OWED TO the committee (use Schedule E) | -0- | |

CERTIFICATION

STATE OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE!

| | |
|---------------------------|-----------------|
| Title CANDIDATE/TREAS. | Date 4-17-14 |
| | Date 4-17-14 |

Not for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
person who fails to file a complete or accurate report as required by the Indiana
4) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED